

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

433304

STATE FILE NUMBER

FILED NOV 19 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 181

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>				c. CITY OR TOWN <u>Independence</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u>				d. STREET ADDRESS (If outside, give location) <u>10021 E. New 40 Highway</u>			
3. NAME OF DECEASED (Type or print) First <u>WILBERT</u> Middle <u>RICHARDS</u> Last <u>RICHARDS</u>				4. DATE OF DEATH Month <u>11</u> Day <u>7</u> Year <u>1957</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 13, 1888</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		11. BIRTHPLACE (City and state or country) <u>Harbor Beach, Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>LEWIS RICHARDS</u>				13b. MOTHER'S MAIDEN NAME <u>EMMA ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>ELIDORA A. RICHARDS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>				16. SOCIAL SECURITY NO. <u>372-18-2610</u>		17. INFORMANT <u>Hospital records</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u> <u>years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>		
21. I attended the deceased from <u>Oct. 18, 1957</u> to <u>Nov 7, 1957</u> and last saw her/him alive on <u>Nov. 7, 1957</u> Death occurred at <u>10:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>George Esker M.D.</u> (Degree or title)				22b. ADDRESS <u>State Hospital No. 3</u>		22c. DATE SIGNED <u>11/8/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial Nov 10 1957</u>		<u>Nov 10 1957</u>		<u>Mound Grove</u>		<u>Independence, Mo.</u>	
24. FUNERAL DIRECTOR <u>Edmund L. Sparks</u> ADDRESS <u> </u>				25. DATE RECD: BY LOCAL REG. <u>11-13-1957</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Forry</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Thurman Yarnon Miller

Licensed Embalmer No.

P. O. Address 4783

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.